

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90048 022 ***150.00

DOCUMENT # P05000046551

1. Entity Name
VASCONSELLO FENCE, INC.



Principal Place of Business
1622 PORTSMOUTH LAKE DR
BRANDON, FL 33511

Mailing Address
1622 PORTSMOUTH LAKE DR
BRANDON, FL 33511

2. Principal Place of Business - No P.O. Box #
2418 CORRINE ST
Suite, Apt. #, etc.

3. Mailing Address
2418 CORRINE ST
Suite, Apt. #, etc.

City & State
TAMPA

City & State
TAMPA

Zip
33605

Country
USA

Zip
33605

Country
USA

01052008 Chg-P CR2E034 (12/06)

4. FEI Number
56-2508888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VASCONSELLO, RAMON
1622 PORTSMOUTH LAKE DR
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name
VASCONSELLO, RAMON

Street Address (P.O. Box Number is Not Acceptable)

2418 CORRINE ST

City
TAMPA

FL Zip Code
33605

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
VASCONSELLO, RAMON
1622 PORTSMOUTH LAKE DR
BRANDON, FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VASCONSELLO, RAMON
2418 CORRINE ST
TAMPA, FL 33605 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #